

2011

Plan Review Application for a Permanent Food Service Establishment

Project Information	(Please Print)		Service Request
Food Service Establishment Nan	me (Doing Business As):		
Project Site Address:		City:	Zip:
Former Name (If applicable):		Sewage Treatment: Sev	ver Septic System
Scope (Brief description of project	ct):		
For City of Seattle, DPD Proje	ect #For DI	DES Submittals, DDES #:	
Plan Review Submittal Fee Effective 01/01/2011 – 12/31/2011 (Make checks payable to: "SKCDPH")			
 New Operation (\$764.00 + \$191hr after 4 hours) Remodel (\$573 + \$191/hr after 3 hours) Resubmitted Plan (\$191/hr) Cost of Service (\$191/hr) Multiple Permit Establishment (\$573 + \$191/hr after 3 hours). 			
Ownership Information			∻ Requestor
Owner/Operator Name(s):			
Business Name:			
Mailing Address:	City:	State:	Zip:
Phone No.'s			
Fax (Optional):	Email (Optional):		
Applicant Information (If app	olicable)		∻ Plan Check
Contact Person (Applicant or Age	ent) Name(s):		
Business Name:			
Mailing Address:	City:	State:	Zip:
Phone No.'s			
Fax (Optional):	Email (Optional):		
Operation Information			
Menu/Style of Food Service:			
Describe Food Production Metho	ods (If applicable):		
Proposed Number of Seats:	Days/Hours of Operation:		
Plan to open by: Meals Served: [☐ Breakfast ☐ Lunch ☐ Dinner	☐ Cater ☐ Seasonal ☐ C	Other
Office Use Only			
Date Submitted:	Risk Classification:	Service Request SR#:	
Variance SR#:	Permit Record PR#:	DPD/DDES #:	
Approval Date:	Review Time:	Reviewer:	
Notes:			

PLAN REVIEW APPLICATION SUBMITTAL TO:

Downtown Seattle Office 401 5th Avenue, Suite 1100 Seattle, WA 98104 (206) 296-4632